

DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

Docket Number (optional)

60322-USA1

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled Pesticidal Substituted 1,2,5-Thiadiazole Derivatives, the specification of which is attached hereto unless the following box is checked:

☒ was filed on July 1, 2004, as United States Application Number _____ or PCT International Application Number PCT/US2004/021313 and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by and amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 USC §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Priority Not Claimed

(Number) (Country) (Day/Month/Year Filed) ☐

(Number) (Country) (Day/Month/Year Filed) ☐

I hereby claim the benefit under 35 USC §119(e) of any United States provisional application(s) listed below.

60/485,297 July 7, 2003
(Application Number) (Filing Date)

(Application Number) (Filing Date)

(Application Number) (Filing Date)

I hereby claim the benefit under 35 USC §120 of any United States application(s), or §365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 USC §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

(Application Number) (Filing Date) (Status - patented, pending, abandoned)

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

John M. Sheehan - 26,065 Marcia D. Pintzuk - 33,756
Paul A. Fair - 35,866

Address all telephone calls to: **John M. Sheehan at 215-299-6966**

Address all correspondence to: Patent Administrator
FMC Corporation
1735 Market Street
Philadelphia, Pennsylvania 19103

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor (given name, family name): Leo B. Dungan

Inventor's signature: _____ Date: _____

Residence: Lumberton, NJ Citizenship: US

Post Office Address: 8 Nutmeg Way, Lumberton, NJ 08048

☒ Additional inventors are being named on separately numbered sheets attached hereto.

DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (continued)

For the invention entitled: Pesticidal Substituted 1,2,5-Thiadiazole DerivativesFull name of second joint inventor, if any (given name, family name): Elizabeth G. Rowley

Inventor's signature: _____ Date: _____

Residence: Kendall Park, NJ Citizenship: United StatesPost Office Address: 27 Pointer Place, Kendall Park, NJ 08824Full name of third joint inventor, if any (given name, family name): John A. Dixon

Inventor's signature: _____ Date: _____

Residence: Newtown, PA Citizenship: United StatesPost Office Address: 135 Canterbury Court, Newtown, PA 18940Full name of fourth joint inventor, if any (given name, family name): Syed F. Ali

Inventor's signature: _____ Date: _____

Residence: Yardville, NJ Citizenship: United StatesPost Office Address: 34 Amsterdam Road, Yardville, NJ 08620Full name of fifth joint inventor, if any (given name, family name): Scott D. Crawford

Inventor's signature: _____ Date: _____

Residence: Jackson, NJ Citizenship: United StatesPost Office Address: 7 Dominion Drive, Jackson, NJ 08527Full name of sixth joint inventor, if any (given name, family name): Saroj Sehgel

Inventor's signature: _____ Date: _____

Residence: Princeton Junction, NJ Citizenship: United StatesPost Office Address: 21 Park Hill Terrace, Princeton Junction, NJ 08558Full name of seventh joint inventor, if any (given name, family name): Matthew P. Whiteside

Inventor's signature: _____ Date: _____

Residence: Morrisville, PA Citizenship: United StatesPost Office Address: 1 Makefield Road B-48, Morrisville, PA 19067Full name of eighth joint inventor, if any (given name, family name): Thomas M. Zydowsky

Inventor's signature: _____ Date: _____

Residence: Brooklyn, NY Citizenship: United StatesPost Office Address: 220 Senator Street, Brooklyn, NY 11220Full name of ninth joint inventor, if any (given name, family name): Walter H. Yeager

Inventor's signature: _____ Date: _____

Residence: Yardley, PA Citizenship: United StatesPost Office Address: 274 Hickory Road, Yardley, PA 19067

Full name of tenth joint inventor, if any (given name, family name): _____

Inventor's signature: _____ Date: _____

Residence: _____ Citizenship: _____

Post Office Address: _____